

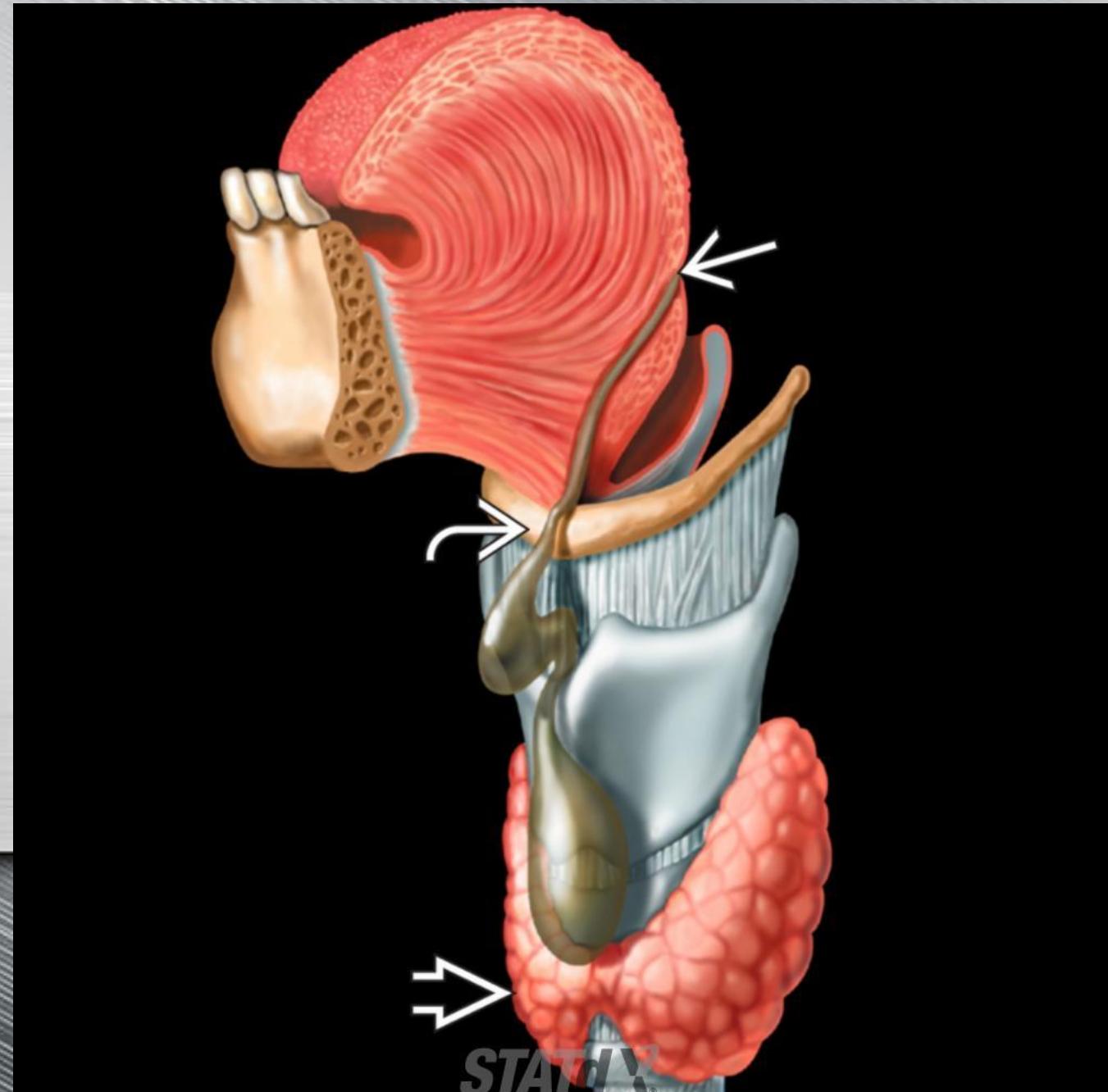
# Imaging

- Best diagnostic clue: Round or ovoid midline suprathyroid or midline/paramidline infrathyroid cystic neck mass
- Suprathyroid neck: ~ 20-25%, typically midline
- At hyoid bone: ~ 50%
- Infrathyroid neck: ~ 25%, midline or paramidline
  - Embedded in strap muscles: Claw sign
- ± wall enhancement, soft tissue stranding if infected
- Rapidly enlarging mass suggests either infection or differentiated thyroid carcinoma (< 1%) 85% papillary carcinoma

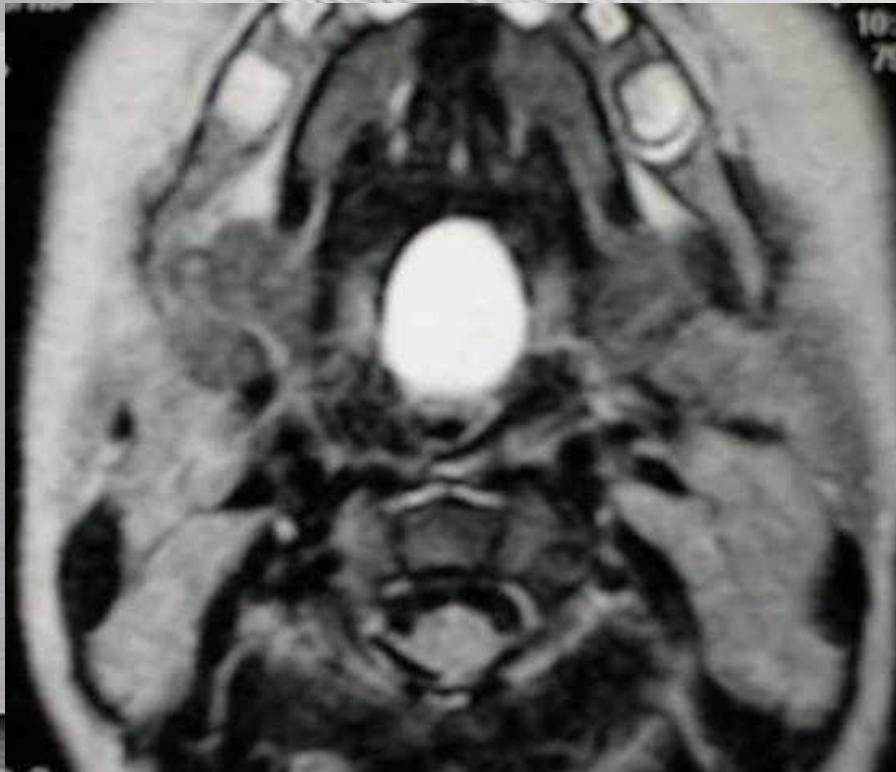
# Diagnostic Checklist

- Relationship to hyoid bone important to note: Suprathyroid, hyoid, or infrathyroid in location
- Any nodularity or  $\text{Ca}^{2+}$  suggests associated thyroid carcinoma
- Confirm normal thyroid by ultrasound prior to TGDC or lingual thyroid resection
- TGDC or ectopic thyroid tissue may occur anywhere along TGD

Sagittal oblique graphic shows the potential sites of a thyroglossal duct cyst (TGDC) from the foramen cecum (white solid arrow) to the thyroid bed (white open arrow). Note the close relationship of the midportion of the hyoid bone (white curved arrow) to this pathway. A cyst can occur anywhere along this tract.

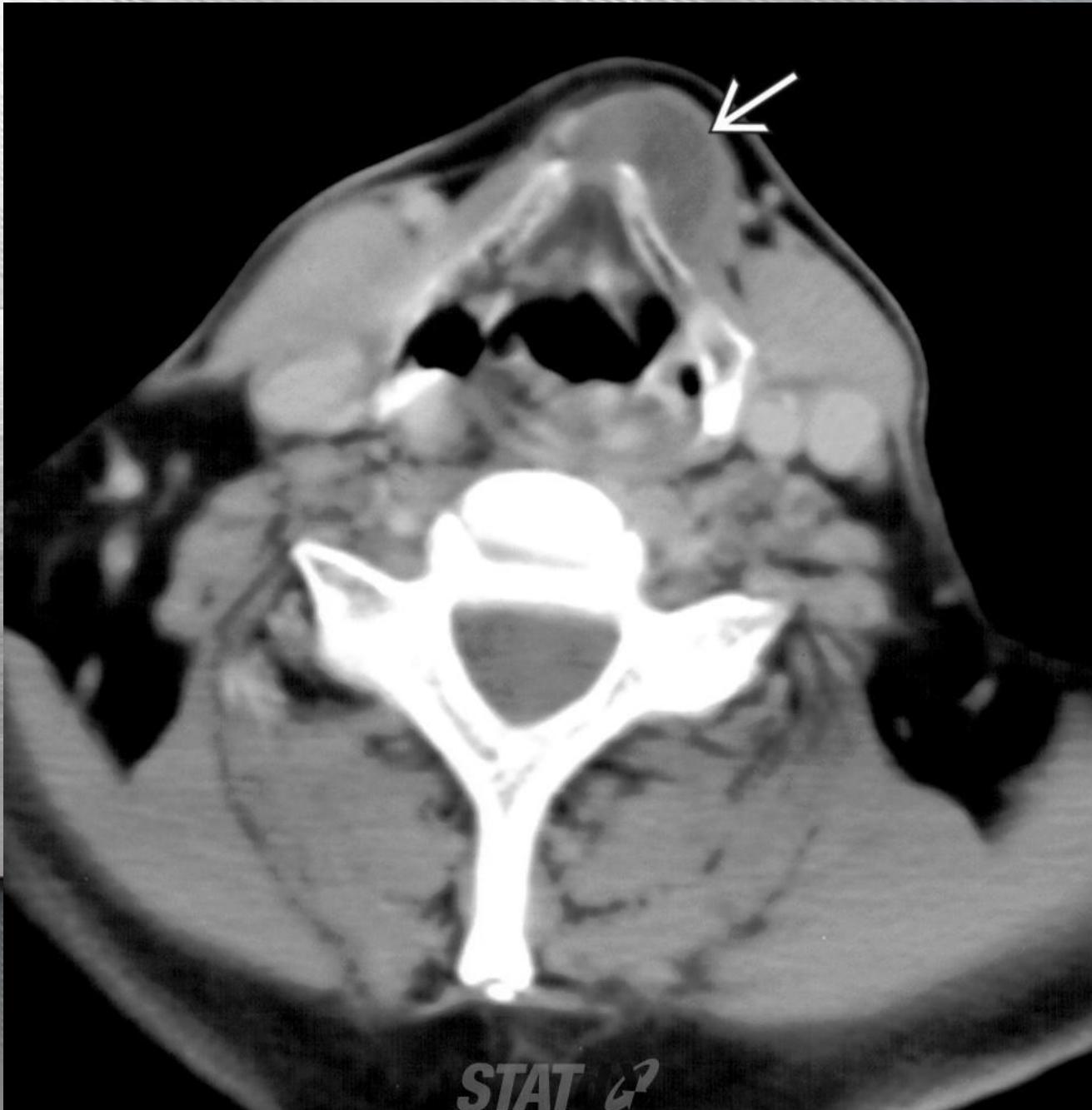


# Lingual Thyroglossal Cyst





Sagittal CECT shows a well-defined, cystic-appearing mass (white solid arrow) at the midline base of the tongue. This mass was incidentally found on a CT performed to evaluate the extent of a deep neck infection (not shown). The mass was subsequently proven to be a TGDC.



Axial CECT shows a fluid attenuation mass (white solid arrow) in the left anterior strap muscles overlying the thyroid cartilage.



Axial CECT in a 15-year-old boy shows ill-defined inflammatory change in the soft tissues surrounding an infected infrahyoid TGDC (white solid arrow).